

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

**ORDER DIRECTING PAYMENT OF FEES**

Herve Pierrot

vs.

CASE NUMBER: **9:05-CV-0427**

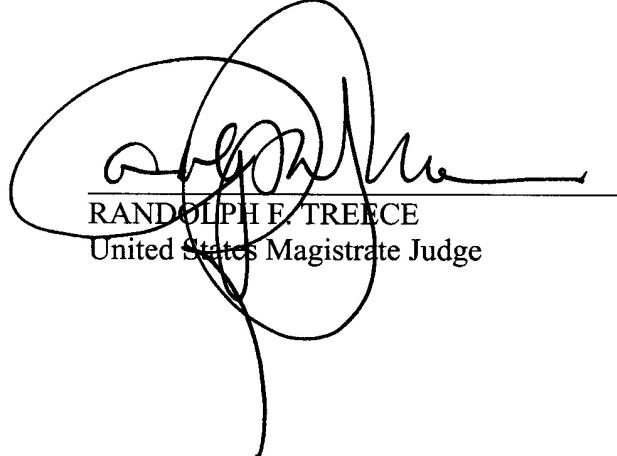
Leo Payant, Superintendent

The Clerk's Office is in receipt of your petition for:

Habeas Corpus;

Your petition has been deemed filed for the limited purpose of compliance with the statute of limitations set by the Antiterrorism and Effective Death Penalty Act (Hereinafter AEDPA). In order for your petition to proceed, you must submit to the Court within 30 days of this notice, either the appropriate filing fee (\$5.00) or an application to proceed in forma pauperis. Your failure to submit one of these items within 30 days of this notice may result in the dismissal of your petition, and if the petition is dismissed based upon your unexcused failure to comply with this order, the statute of limitations may not be considered to have been tolled for the 30 day period that it was pending in this court.

SO ORDERED,



RANDOLPH E. TREECE  
United States Magistrate Judge

DATE: April 14, 2005  
Albany, New York

Enc: Application to proceed in forma pauperis

Note: A copy of this Order has been served upon the parties to this action.

## UNITED STATES DISTRICT COURT

Northern District of New York

Herve Pierrot

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

V.

Leo Payant, Superintendent

CASE NUMBER: 9:05-CV-0427

I, \_\_\_\_\_ declare that I am the (check appropriate box)

 petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?       Yes       No      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed?       Yes       No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts?  Yes  No  
If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No  
If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

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Date

Signature of Applicant

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**CERTIFICATE**

(incarcerated applicants only)

(To be completed by appropriate official at the institution of incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that **during the past six months** the applicant's average balance was \$ \_\_\_\_\_.

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DateSignature of Authorized Officer

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**Notice to Inmates:**

Pursuant to the Prison Litigation Reform Act, Pub. L. No. 104-134, 110 Stat. 1321, inmates are required to pay, over a period of time, the full filing fee.